Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u>5/30</u> /08	Address;	_5334	Sclei	4000	Versulle
Case #: 42-2+368		Vc	سعمر الأنه	lн	
County: Ripley				<u> </u>	(Z
Type of Laboratory Seizure (check one)	Seizure Location (c	_			
☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)	⊠ Residence ☑ Outbuilding ☑ Vehicle	=	J/Motel 1 – No Stru r:	eture	
Items Found: Location (bedroom, kitchen, open air (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Xylol, Comp Fed Water Reactive Metal (Lithium): E Tomas Anhydrous Ammonia: 1 Tomas Hydrochloric Acid Gas Generator(s): Open Corrosive Acid: Macana	n Jan				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		/Pseudoep rehant Tip	hedrine Tr	acking I	Log
This report is to be faxed to the following agen					
Health Department: New Marie a Child Protection Service: Repay Co	Fax: <u>689-</u> Fax: <u>689-</u>	3738			
For further information regarding this methampho	etamine laboratory, co ne <u>812-</u> 684-500 C				

This form is to be faxed to the Fite Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.